



PART B - FEE(S) TRANSMITTAL

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021324 7590 08/16/2005

HAHN LOESER & PARKS, LLP
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Robert J. Clark	(Depositor's name)
<i>Robert J. Clark</i>	(Signature)
August 30, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/806,671	03/23/2004	Robert D. Fogal SR.	115838.00110	1172

TITLE OF INVENTION: BALANCE WEIGHT CARTRIDGE WITH ENCLOSED BALANCE MEDIA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	11/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
STORMER, RUSSELL D	3617	301-005220

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hahn Loeser & Parks, LLP

2 Robert J. Clark

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee Fees paid on August 11, 2005
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Robert J. Clark

Typed or printed name Robert J. Clark

Date August 30, 2005

Registration No. 45,835

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IFW
B

Practitioner's Docket No. 115838.00110

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert D. Fogal, Sr., Robert D. Fogal, Jr.

Application No.: 10/806,671

Group No.: 3617

Filed: March 23, 2004

Examiner: Stormer, Russell D.

For: BALANCE WEIGHT CARTRIDGE WITH ENCLOSED BALANCE MEDIA

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RESPONSE TO CORRECTED
NOTICE OF ALLOWANCE AND FEE(S) DUE

1. In response to the attached Issue Fee Transmittal PTOL-85, applicant previously submitted payment of the issue fee of \$1,030.00 on August 11, 2005, in response to the Notice of Allowance and Fee(s) Due dated August 8, 2005 (copy enclosed). It is believed there are no additional fees due with this paper.
2. Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 15-0450.

Date: August 30, 2005

Reg. No.: 45,835

Tel. No.: 330-864-5550

Customer No.: 021324

Signature of Practitioner

Robert J. Clark

Hahn Loeser & Parks, LLP

One GOJO Plaza

Suite 300

Akron, OH 44311-1076

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

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37 C.F.R. § 1.8(a)

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Date: August 30, 2005

Robert J. Clark

(type or print name of person certifying)



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DK Attorney Docket No. 115838.00110 Initials RSC/PAM Date 8/11/2005
Inventor/Applicant FOGAL ETAL. Ser./Pat. No. 10/806,671
Title BALANCE WEIGHT CARTRIDGE WITH... Filed 3/23/2004

<input type="checkbox"/> PATENT/DESIGN APPLICATION	<input type="checkbox"/> AMENDMENT (Due _____)
_____ pgs. Specification	_____ Extension of Time For _____ Month(s)
_____ pgs. Claims	<input type="checkbox"/> INFORMATION DISCLOSURE STATEMENT
_____ Total _____ Independent	_____ PTO/SB/08A _____ Refs.
_____ pgs. Abstract	<input type="checkbox"/> ASSIGNMENT _____ Recordation
_____ Sheet(s) of Drawings	<input checked="" type="checkbox"/> CHECK(s) in Amount \$ <u>1,030.00</u>
_____ Formal _____ Informal	<input type="checkbox"/> TRANSMITTAL _____ New Application
_____ Declaration/Power of Attorney	<input type="checkbox"/> OTHER _____
_____ Small Entity Status	
_____ Copy of Notice to File Missing Parts	
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_____ Demand for Prel. Examination	
<input checked="" type="checkbox"/> Base Issue Fee <u>PTOL-75</u>	
_____ Supplemental Declaration	

RECEIPT IS HEREBY ACKNOWLEDGED